Case Manager Role

Using the Supports Intensity Scale (SIS) for Person Centered Planning

Person Centered Planning

IT'S NOT WHAT YOU LOOK AT, BUT RATHER WHAT YOU SEE, THAT MATTERS

Henry David Thoreau

Person Centered Planning

Components

- Utilize Assessment as a Resource
- Translate/transfer the information to support teams
- Understand the person's needs/wants and develop the plan accordingly

PURPOSE OF SUPPORTS INTENSITY SCALE (SIS)

The Supports Intensity Scale is a standardized assessment designed to measure the pattern & intensity of supports of an adult with intellectual disabilities requires to be **SUCCESSFUL** in community settings.

-AAIDD
American Association on Intellectual
and
Developmental Disabilities

Person Centered Planning

Background of Supports Intensity Scale (SIS)

- Developed by the American Association on Intellectual and Developmental Disabilities (AAIDD)
- Required by Kentucky SCL waiver regulation
- Completed every 3 years per AAIDD recommendation
- Utilized toward fulfillment of the Centers for Medicare and Medicaid Services (CMS) Final Rule mandate for person centered service planning

Person Centered Planning

SIS for new SCL allocations

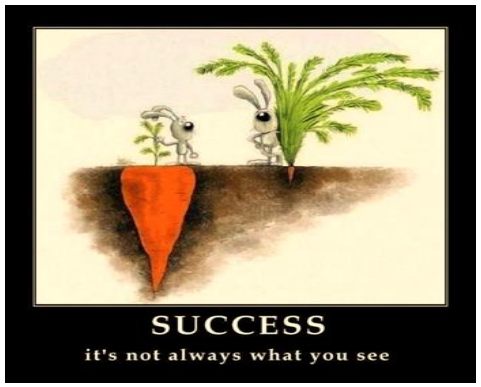
- Case managers submit a preliminary 120 day Person Centered Service Plan (PCSP) to initiate services and have time to learn more about the person's specific needs and preferences
- The SIS is generally scheduled between 90 and 100 days of the start of the PCSP. This allows time for:
  - respondents to meet criteria to qualify to participate in the SIS including knowing the person's needs well
  - conducting person centered planning in time for development and submission of the full PCSP.

Person Centered Planning

SIS for ongoing SCL participation

- The SIS assessment is completed once every 3 years with a review of the SIS in each of the years a full SIS is not done.
- The SIS assessor contacts the case manager to schedule the assessment or review 2-3 months before the level of care (LOC) end date.
- It is important that case managers track LOC dates and ensure the SIS is scheduled enough in advance to be used for PCSP development.
- Case managers are responsible for contacting SIS assessors as needed if an assessment or review has not been scheduled and it is sooner than 60 days to the end of the LOC.

Person Centered Planning



SUCCESS

Defined as engagement in all aspects of an activity as judged against contemporary community standards…ratings should not reflect support to obtain ‘ideal’ or perfection.

For example

TAKING CARE OF CLOTHES
(Home Living) does not require someone to engage in activities to produce an immaculate appearance (i.e. perfectly pressed trousers and shirt). Rather, contemporary standards for regularly keeping one’s clothes clean and putting clothes in a closet or dresser when not wearing them.

SIS Paradigm - conceptualization of disability

From inception, the SIS assessment process is to understand the needs of support a person with disabilities has in order “to do” rather than on what s/he “can and can’t do”

SIS Assessment Participants

Who is <u>required</u> to be at the SIS assessment?

- The person being assessed (at a minimum, the SIS assessor must meet him/her)
- The trained SIS assessor
- At least two qualified respondents

Who else is welcome to be at the SIS assessment?

- Family/guardian is to be invited, but attendance is optional
- Anyone else the person and the person's team determine

SIS RESPONDENT CRITERIA

- Have known the person at least 3 months (90 days) or longer to include having direct knowledge of the person's support needs
- Have observed the focus person in one or more environments for substantial periods of time - (parent, guardian, support staff, job coach, teacher)
- Be prepared to provide responses that accurately reflect the person's support need

Best practice: Respondents that can 'paint the picture' of what the support looks like. People who provide case management, day, and residential supports are strongly recommended to participate in the assessment process.

Case Management Responsibilities for SIS

- Scheduling the SIS assessment
- Preparing for the SIS assessment
- Participating in the SIS assessment
- Utilizing the SIS assessment for person centered planning

Note: a checklist for case managers and tips for respondents are at this web page: http://dbhdid.ky.gov/ddid/clinical.aspx#

Case Management Responsibilities for SIS

- **Scheduling the SIS assessment**
  - Provide **timely** response to the SIS Assessor's calls/emails
  - Assist the person to **identify the best respondents**
  - Invite Family/Guardian, as applicable

    NOTE: CM should document invitation to the family/guardian in monthly summary note
  - Coordinate respondent attendance
  - Secure the location
  - Schedule in enough time for the person Centered planning process

Case Management Responsibilities for SIS

- **Preparing for the SIS**
  - Inform and prepare the person for the interview process
  - Inform and prepare respondents for their role in the SIS
  - Identify the SIS as a high priority
  - Encourage participation/conversation

Case Management Responsibilities for SIS

- **Participating in the SIS**
  - Confirm respondent attendance
  - Seek to have as limited cancellation/rescheduling as possible
    - NOTE: there are a total of 10 SIS Assessors to cover the full state including all SIS Assessments and all annual SIS reviews for the nearly 5,000 SIS participants
  - Actively listen/observe during SIS Assessment

Case Management Responsibilities for SIS

- **Utilizing the SIS for person centered planning and support**
  - Help team members understand the purpose and utilization of the SIS
  - Discuss SIS responses during person centered planning
  - Help team members develop outcomes in the Person Centered planning process based upon the SIS
  - Distribute SIS report to those that do not have access to the Medicaid Waiver Management Application (MWMA).
  - Monitor the person centered service plan for effectiveness

Case Management Responsibilities for SIS

Annual Review of the SIS

- Reliability and validity testing of the SIS have shown that most people's intensity of support needs are stable over at least a 3-year period.
- It has always been the expectation that a new SIS be done when a significant change in a persons support needs has taken place.
- Completing an annual review answers the question, "have there been meaningful changes since the last assessment." The review and the full SIS are to be used to aid in the development of the next PCSP.

Person Centered Planning

What does the CMS Final Rule Say?

Under the Centers for Medicare and Medicaid Services (CMS) Final Rule, **everyone** who is engaged in home and community based services (HCBS) is to have a **"Person Centered Service Plan."**

~Must be in writing

~Must be created through a process that includes people chosen by the person

~Must include assessment & reassessment

Information about the final rule is available at this website:
https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html

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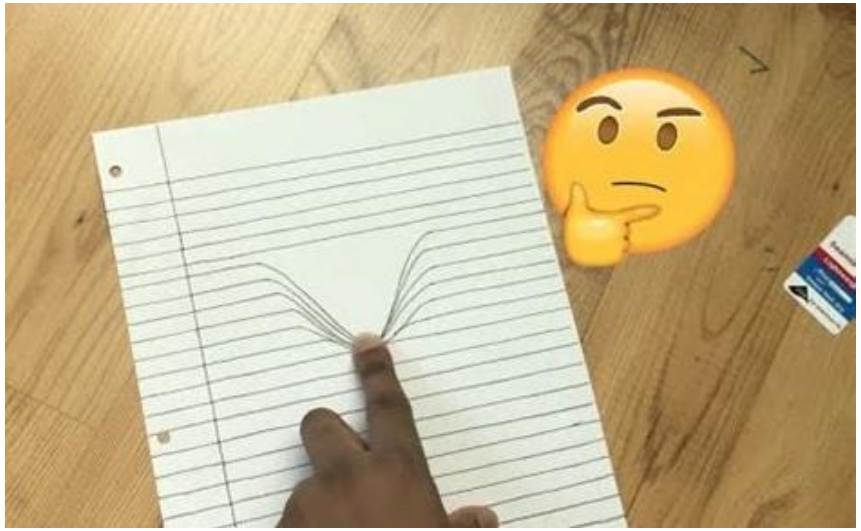
SIS & PERSON CENTERED PLANNING

SIS Paradigm Shift

It becomes evident that planning & decision making based on understanding people's need for support is superior to

one where the focus is on

their deficits



SIS & PERSON CENTERED PLANNING

Person Centered Planning with Supports Intensity Scale (SIS)

The goal is to utilize the needs assessment (SIS) to develop a person Centered plan that focuses on identifying and arranging personalized supports that enhance community integration and personal outcomes.

PERSON CENTERED PRINCIPLES

John O'Brien & Connie Lyle

Community presence: the sharing of the ordinary places that define community life.

Choice: the experience of autonomy both in small, everyday matters (e.g., what to eat or what to wear) and in large, life-defining matters (e.g., with whom to live or what sort of work to do).

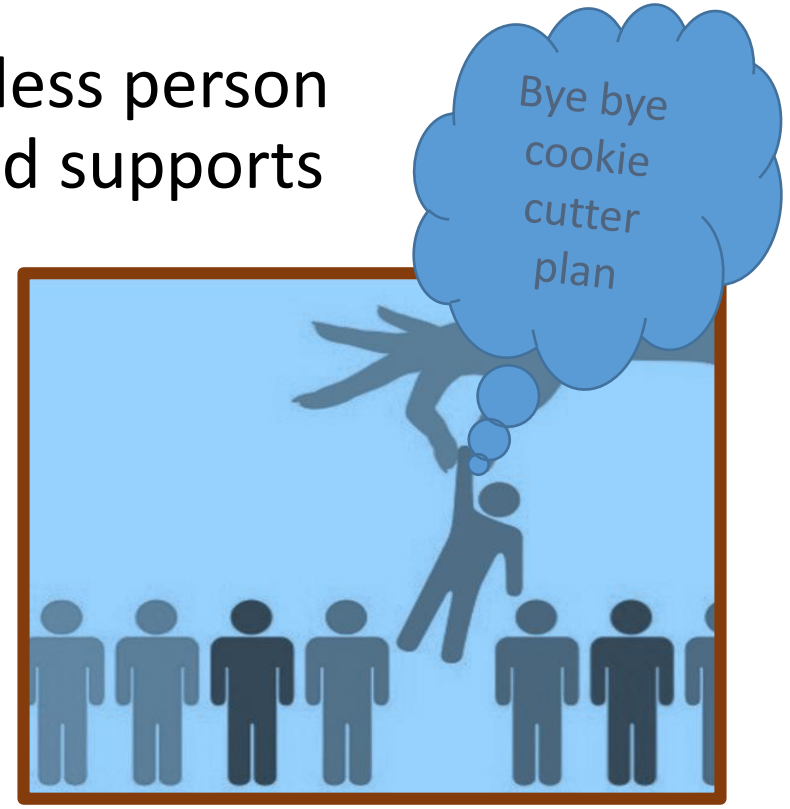
Competence: the opportunity to perform functional and meaningful activities with whatever level or type of assistance is required.

Respect: a valued place among a network of people and valued roles in community life.

Community participation: the experience of being part of a growing network of personal relationships that include close friends.

PERSON CENTERED PLANNING

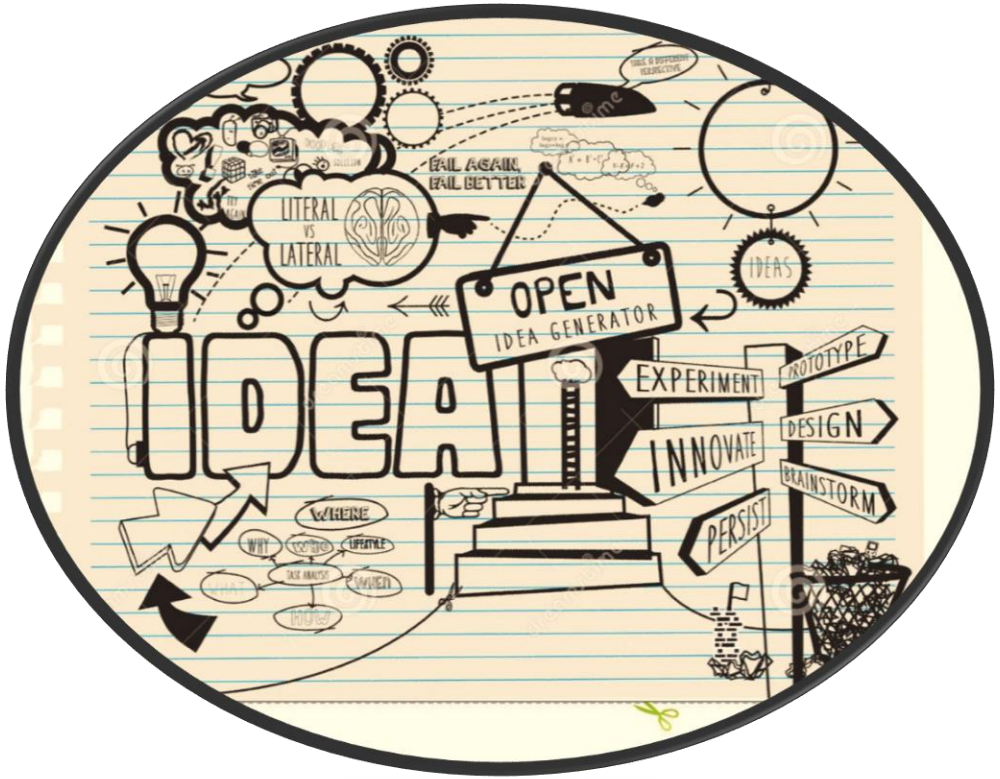
- Traditionally supports have been developed around available services
- Referring people to a menu of services is much less person centered than identifying/arranging personalized supports
- It is important to look beyond the paid service array and discuss/determine all the ways a person's needs could be met.
- This includes looking from a mindset of, "if this were my loved one, or me, what PCSP would I want?"



PERSON CENTERED PLANNING

A PCSP is to SUPPORT:

- Personal outcomes
- Preferences
- Community integration



SIS AND PERSON CENTERED PLANNING

Using the SIS for Person Centered planning

SIS AND PERSON CENTERED PLANNING

Step 1: Review the SIS

Use the SIS for person centered planning

- The SIS assessment is to be completed prior to the planning meeting
- Review the SIS report (Family Friendly Report) and consider which areas to highlight in discussion with the person and his/her circle of supports
- Consider items that are important **to** the person and important **for** the person
- What services within the waiver will provide support toward successful achievement
- Encourage the person centered team to identify natural supports outside the waiver to help the person attain and maintain success

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SIS AND PERSON CENTERED PLANNING

Step 2: Meet with the person

Use the SIS for person centered planning

- Review with person and/or guardian/family the items that were indicated as important to and for as well as any other desires or goals.
- Discuss possible outcomes and suggested ideas for relationship and skill building gleaned from the SIS assessment. Consider type of support, frequency of support, daily support time needed to achieve outcomes
- Be prepared for the team meeting with person centered ideas for goals and objectives that support the person's long term vision for their life
- Focus on promoting feelings of safety and value and on increasing community integration and opportunities for contribution

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SIS AND PERSON CENTERED PLANNING

Step 3: Schedule and facilitate the annual person centered planning meeting

Use the SIS for person centered planning

- Include the person and those s/he has chosen for team planning
- Review/celebrate the person's strengths and accomplishments
- Discuss the person's goals and objectives for the upcoming year
- Identify the support needs for health/safety and to accomplish the goals/objectives

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SIS AND PERSON CENTERED PLANNING

Step 4:
All discuss outcomes and strategies during the PCSP meeting

Use the SIS for person centered planning

- Discuss ways to increase the person's feelings of safety, value, engagement, empowerment, and opportunities for contribution to the community
- Discuss available resources (community, natural, behavioral health services) and work with the person/circle of support to construct a strategy to best meet the identified support needs
- Discuss available services

  ~Are the services (type, frequency, and amount of time) the best fit for the person?

  ~Are there other services that would better match his/her support needs?

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SIS AND PERSON CENTERED PLANNING

Step 5: Develop the person centered service plan with person/ team participation

Use the SIS for person centered planning

- The CM and team considers the services requested in the context of the SIS scores.
- Determine the questions that show the support need.
- Review the scores on those questions to see the picture of support needs those scores reflect.
- For each service requested, the CM should identify 3-5 SIS questions that justify the need for the service.
- Consider what the service will provide for the person

SIS AND PERSON CENTERED PLANNING

Use the SIS for Person Centered Planning

For each domain (Home Living, Community Living, etc.)

- Describe the person's current situation
- Describe their preferred situation
- Is there a discrepancy between the two?
- Review the SIS scores in the domain
- Brainstorm what supports should look like
- Prioritize supports needed to bring about change

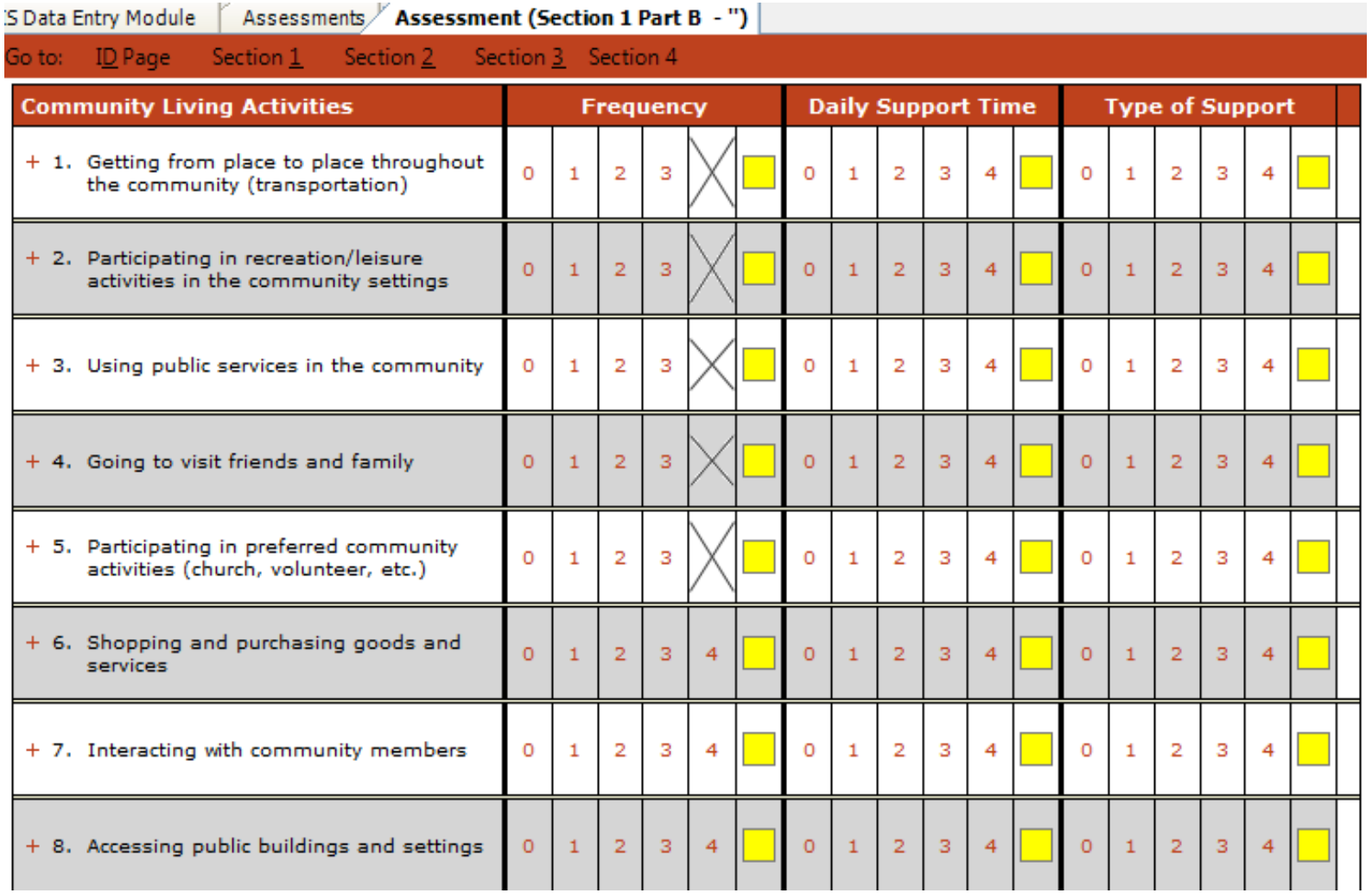
SIS AND PERSON CENTERED PLANNING

Example: Planning Supports for Community Living

- People with disabilities desire to live in their communities. At its simplest level, community implies a shared space, at its most complex level it implies aspects of mutuality, reciprocity, shared interests, interpersonal relationships, interdependent roles, opportunities for contribution, and social networks.

- The questions in the Community Living domain informs on the supports needed for a person to gain access and utilize community resources in integrated settings.

SIS AND PERSON CENTERED PLANNING



S Data Entry Module | Assessments | **Assessment (Section 1 Part B - '')**

Go to: ID Page | Section 1 | Section 2 | Section 3 | Section 4

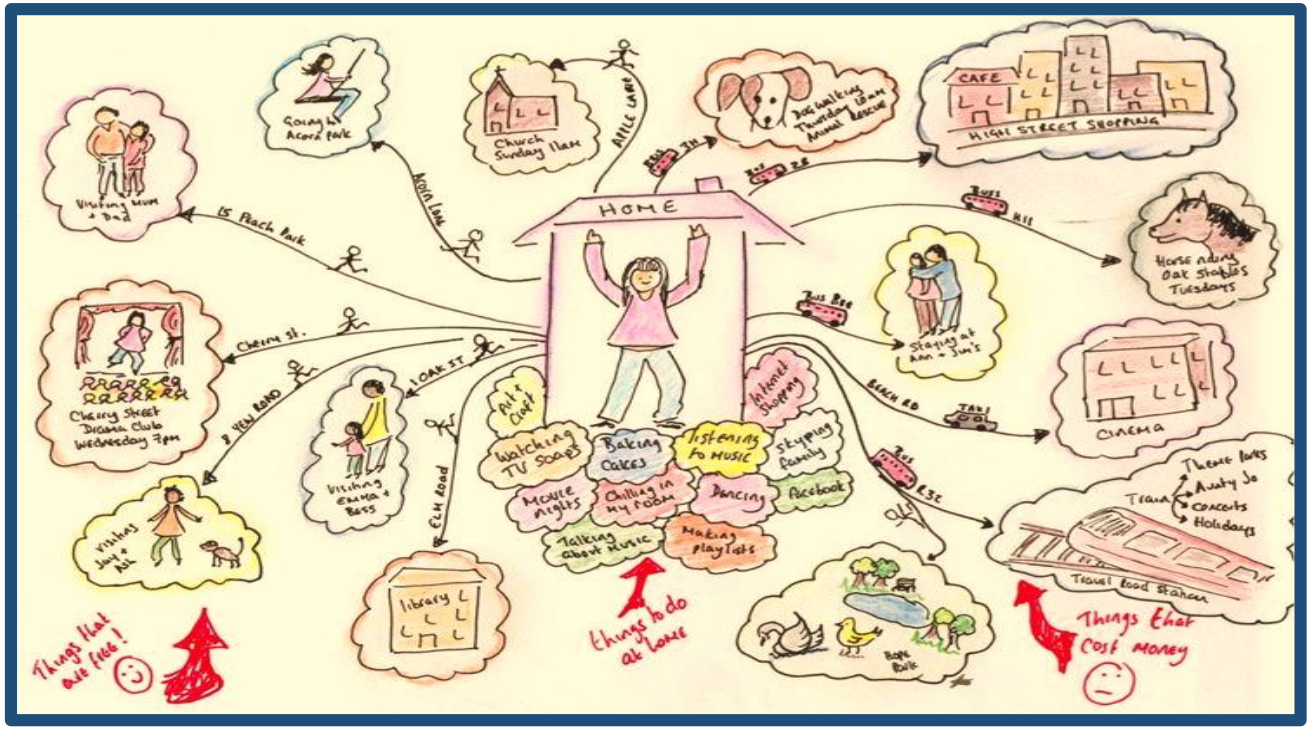
Community Living Activities	Frequency						Daily Support Time						Type of Support					
+ 1. Getting from place to place throughout the community (transportation)	0	1	2	3	X		0	1	2	3	4		0	1	2	3	4	
+ 2. Participating in recreation/leisure activities in the community settings	0	1	2	3	X		0	1	2	3	4		0	1	2	3	4	
+ 3. Using public services in the community	0	1	2	3	X		0	1	2	3	4		0	1	2	3	4	
+ 4. Going to visit friends and family	0	1	2	3	X		0	1	2	3	4		0	1	2	3	4	
+ 5. Participating in preferred community activities (church, volunteer, etc.)	0	1	2	3	X		0	1	2	3	4		0	1	2	3	4	
+ 6. Shopping and purchasing goods and services	0	1	2	3	4		0	1	2	3	4		0	1	2	3	4	
+ 7. Interacting with community members	0	1	2	3	4		0	1	2	3	4		0	1	2	3	4	
+ 8. Accessing public buildings and settings	0	1	2	3	4		0	1	2	3	4		0	1	2	3	4	

Review the SIS to Identify Support Needs

SIS AND PERSON CENTERED PLANNING

What support will promote/enhance the vision, the dream?

How will the ratings (scores) inform the plan in terms of the type of support, frequency, daily support time needed to help the person meet his/her goals



SIS AND PERSON CENTERED PLANNING

Tell the Story….

Consider the item in Community Living Domain Interacting with community members

What support would Jane Citizen need to effectively/positively communicate with the general public, i.e. ordering meals, speaking to a cashier, asking for directions etc.

0- No support. Communication is effective as a typical adult.

1- Monitoring. May need to provide validation to speak up, or reminder to respect boundaries.

2- Coaching needs through the conversation. A support person is helping to start or end the conversation through reminders/cues.

3- Some partial physical assistance. Indicates both her and a support person are needed to ensure communication was effectively spoken/received

4- A support person will communicate needs to the general public…perhaps ordering meals, asking for directions, etc.

SIS AND PERSON CENTERED PLANNING

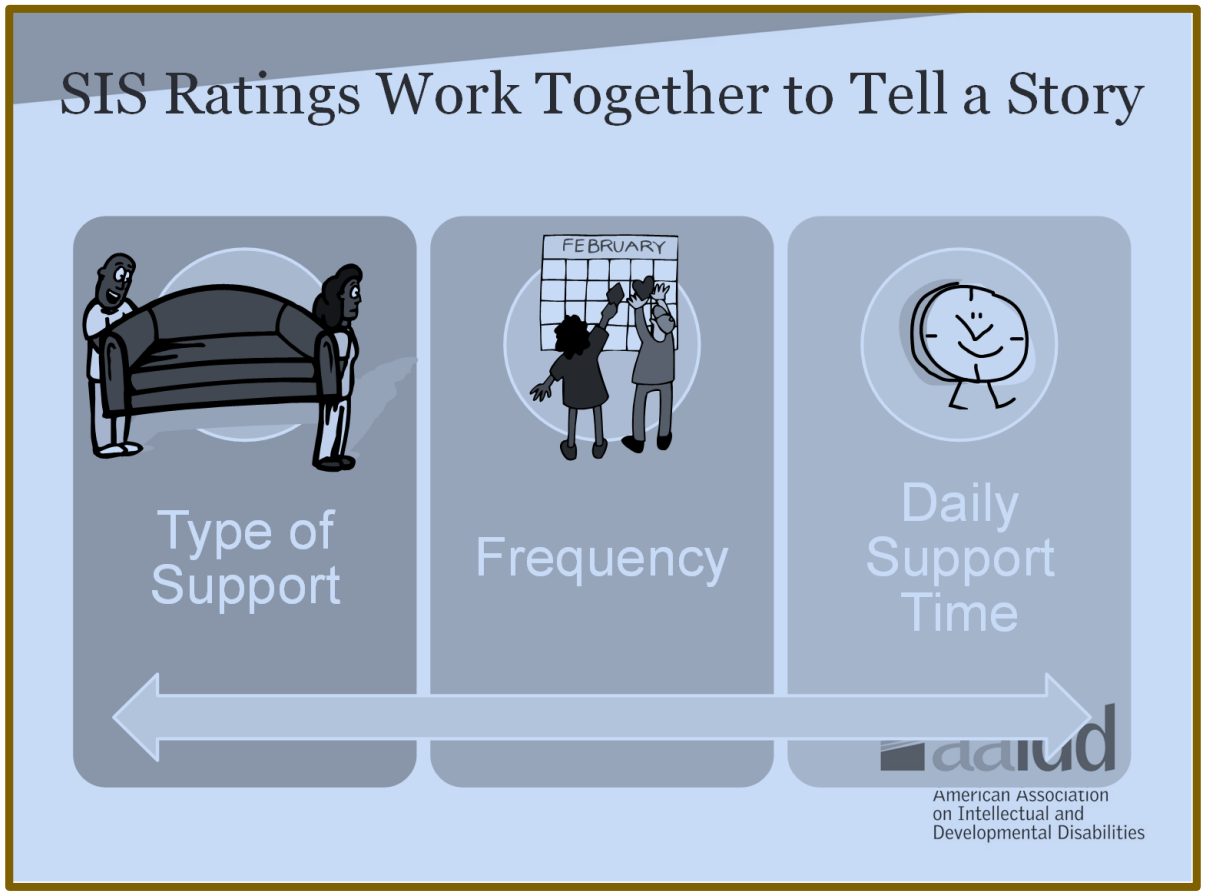
Tell the story by using the SIS

The SIS links information from one part of the assessment to other parts of the assessment to create a holistic picture

Medical/behavioral issues will impact life activities in Section 1 and Section 2

For example: Someone who has diabetes (noted during the exceptional medical supports domain section) and steals food (noted during the exceptional behavioral supports domain section) will impact the support needs for preparing food

SIS AND PERSON CENTERED PLANNING



Example:
A person may need only monitoring (rating1) in the **type of support** to actually complete a task such as participating in community activities. However, challenging behaviors or mental health needs may impact the **frequency** and **daily support time** needed. **Intensity of support** isn't the type of support; it **is daily support time**

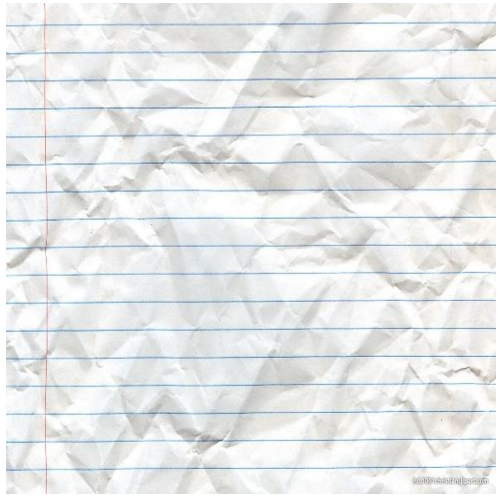
SIS AND PERSON CENTERED PLANNING

Scores Support Services and Supports

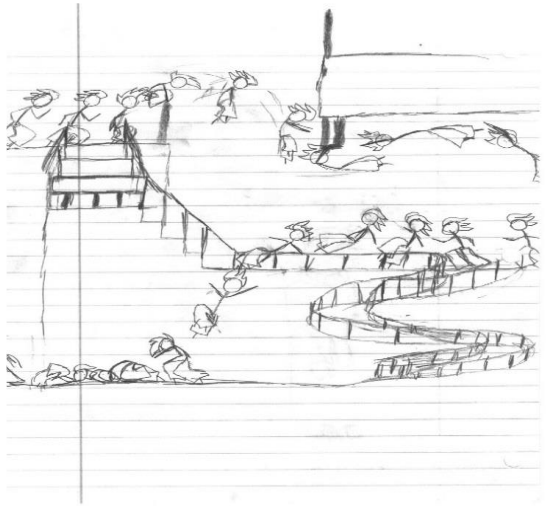
The scores inform the plan based on the preferences of the person as well as things important to & important for the person to enhance their participation/value in their respective communities including:

- Skill training
- General supervision related to safety needs
- Support to successfully interact with others in an integrated setting
- Exceptional medical support needs
- Safety concerns due to exceptional behavioral support needs
- Other specific supports

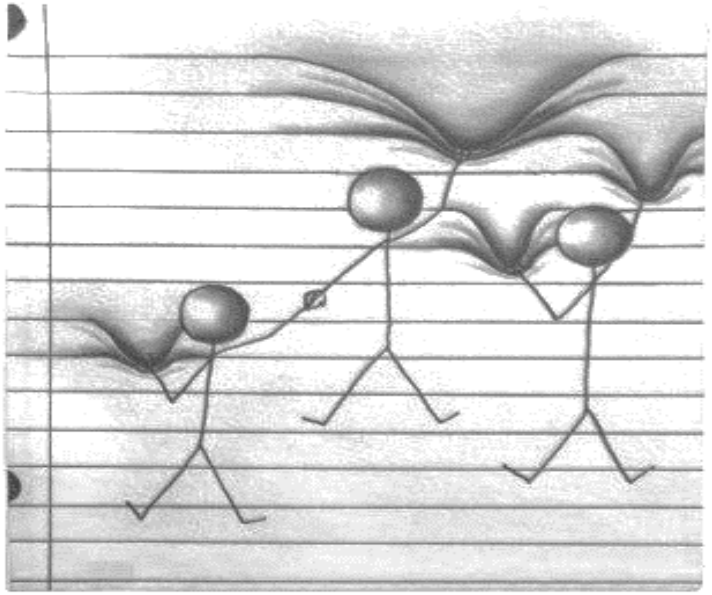
CASE MANAGERS AND PERSON CENTERED PLANNING



Planning can be challenging if there is no direction or sense of purpose

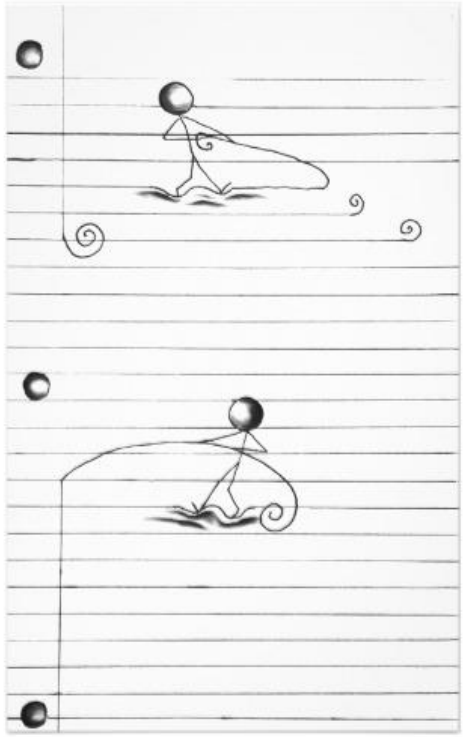


Challenge continues if team members are going in different directions



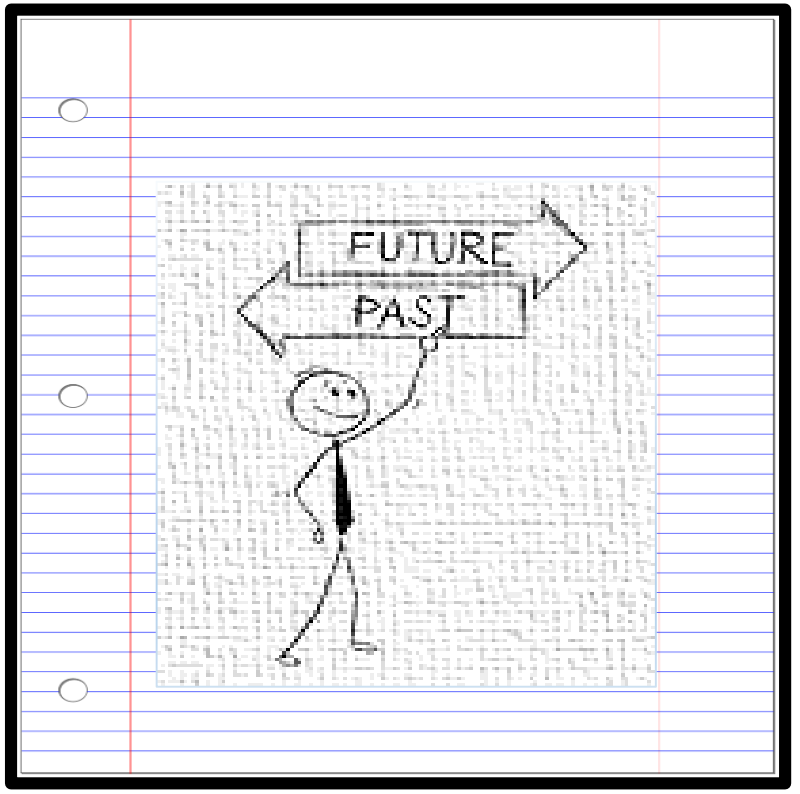
But when the team works together to figure out how to reach outcomes…

CASE MANAGERS AND PERSON CENTERED PLANNING



To reach the person's dreams, potentialities, passion…

The path to the future becomes purposefully defined



Revealing the Person informing the Plan